			Application Number	10/560	487		`
	TRANSMITTAL		Filing Date	Decem	ber 12	2, 2005	_
FORM			First Named Inventor	Wolfgang Orgeldinger			_
			Art Unit	3781			_
(to be used for all correspondence after initial filing)			Examiner Name	Castellano, Stephen J			_
Tot	al number of pages including cover sheet.	3	Attorney Docket Number	SCHO	590		_
							_
		ENC	LOSURES (Check all	that apply)		
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Altorney, Revocatio Change of Correspondence / Terminal Disclaimer Request for Refund Landscape 1able on CC	Address		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	
	Certified Copy of Priority Document(s)	Rema			L		-

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name GLENN PATENT GROUP, Customer No. 22862 Signature Printed name Michael A. Glenn Delte October 23, 2009 Reg. No. 30,176 CERTIFICATE OF ELECTRONIC FILING I hereby certify that this correspondence is being electronically transmitted to the USPTO via EFS-Web on the date shown below.

Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53

Typed or printed name

Chervl A. Petersen

This collection of information is required by 37 CFR 1,5. The information is required to obtain or retain a benefit by the public which is to fix (and by the USPTO) to process) an application Confedential by governed by 58 USB. C. 22 and 17 CFR 11 and 14. This collection is estimated to 2 lover as overgines, including publicing, propering, and submitting the completed application form to the USPTO. There will very depending upon the individual case, Any comment on the amount of time by creative to complete in fish offer and/or supplections for reducing his burden, should be even to the Chief Information Cliffice, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for for Patients, P.O. Disox 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for for Patients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Fatients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Fatients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Fatients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Fatients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Fatients, P.O. Disox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED TO THIS ADDRESS. SEND TO THIS ADDRE

Date October 23, 2009